

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025763

318

1003

6359

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 21 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis, Mo.Length of stay in lb
39 yearsc. CITY
OR
TOWN St. LouisInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 2712 SulphurInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 2712 SulphurReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Louisa

Middle

Rhoda

Last

Coughlin

4. DATE
OF
DEATHMonth
June

Day

15, 1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-5-84

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (City and state or country)

Thompsonville, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Peter Miniea

13b. MOTHER'S MAIDEN NAME

Luzzetta Badgley

14. NAME OF HUSBAND OR WIFE

James J. Coughlin, Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

5

17. INFORMANT

Mr. James J. Coughline 2712 Sulphur

18. CAUSE OF DEATH (Enter only one cause plus
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Left side Hemiplegia
Cardio-Respiritis
442xINTERVAL BETWEEN
ONSET AND DEATH

3 days

1 yr.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 14/63 to June 15/63 and last saw her alive on June 15/63
Death occurred at 11:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Signature or Title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

6-18-63

23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

HOFFMEISTER COLONIAL MORTUARY

SAM

25. DATE RECD. BY LOCAL REG.

JUN 17 1963

26. REGISTRAR'S SIGNATURE

R. Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

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Dr. L. A. Milliken
2608 S. Kingshighway
PR. 1-0928

4/12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Brian A. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.